



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>LEGPRO P02AUS</b>	
09/17/2004 HLE333 00000075 10695879 02 FC:2251 55.00 OP		In re Application of <b>Mark Andrew GRIESBACH and Brett Neal EPSTEIN</b>	
		Application Number <b>10/695,879</b>	Filed <b>October 29, 2003</b>
		For <b>INDIVIDUAL PREMEASURED CHARGES WITH REDUCED MOISTURE CONTENT AND METHOD OF PRODUCING THE SAME</b>	
		Art Unit <b>3641</b>	Examiner <b>John A. RICHARDSON</b>

This is a request under the provision of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired);

- ☒ One month (37 CFR 1.17(a)(1)) \$110
  - ☐ Two months (37 CFR 1.17(a)(2)) \$
  - ☐ Three months (37 CFR 1.17(a)(3)) \$
  - ☐ Four months (37 CFR 1.17(a)(4)) \$
  - ☐ Five months (37 CFR 1.17 (a)(5)) \$
  - ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is **\$55**
  - ☒ A check in the amount of the fee is enclosed.
  - ☐ Payment by credit card. Form PTO-2038 is attached.
  - ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
  - ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **04-0213**.
- I have enclosed a duplicate copy of this sheet.
- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number **32,018**
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) **32,018**.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

<u>Sep 14, 2004</u> Date	 Signature
<u>603-624-9220</u> Telephone Number	<u>Michael J. Bujold</u> Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.